

6. Permission to process and disclose information and to communicate with you *(continued)*

2. LA Health Medical Scheme and Discovery Health (Pty) Ltd will only share your personal and health information or the information of any dependant/s on your benefit option if it is requested by a third party who you have already given your consent to for the disclosure of this information.
3. We will provide your personal and health information to any other entity within the Discovery Holdings Limited where you or your dependant/s already has a relationship with or where you or your dependant's have applied for a product or benefit. This information will be provided for the administration of your or your dependant's products or benefits.
4. If we want to share your information for any other reason, we will do so only with your permission.
5. When providing LA Health Medical Scheme and Discovery Health (Pty) Ltd with personal and health information about a dependant on your benefit option, you confirm that you have received appropriate permission to disclose this information to LA Health Medical Scheme and Discovery Health (Pty) Ltd.
6. LA Health Medical Scheme and Discovery Health (Pty) Ltd may provide any credit bureau or credit providers industry association with any information about your consumer credit record, including and not limited to information about your credit history, financial history, personal information and judgement or default history.
7. LA Health Medical Scheme and Discovery Health (Pty) Ltd will communicate with you about any changes in your benefit option, including your contributions or changes and enhancements to the benefits you are entitled to on the benefit option you have chosen.
8. LA Health Medical Scheme, Discovery Health (Pty) Ltd and any entity within Discovery Holdings Limited will keep you updated on information about any offers or new products Discovery may make available at any time. Please contact us if you do not wish to receive any direct marketing information from us.

Signature of main applicant

7. LA Health Medical Scheme rules for membership

7.1 Rules for membership

In this application "we" refers to Discovery Health (Pty) Ltd and LA Health Medical Scheme is referred to as "the Scheme". Discovery Health (Pty) Ltd administers LA Health Medical Scheme. "You" refers to the applicant applying to become the main member of the Scheme.

The rules for membership reflect the rights and responsibilities for your membership of the Scheme. They may change from time to time. You may ask us for a copy of the LA Health Medical Scheme Rules at any time.

When you sign your application, you confirm that you have read and understood the rules and you agree that you and those you apply for will be bound by them. You also acknowledge and appoint your employer's contracted broker for all matters relating to your membership of the Scheme.

I give my permission that the Scheme can share my medical information and other relevant personal information about me and my dependants with my chosen broker. The information will be shared so that he or she can help me whenever I need help during the application process.

Please contact us if there is anything you do not understand.

7.2 Who you are applying for

You may apply to join the LA Health Medical Scheme on your own or together with other people – your spouse, your partner and people who are financially dependent on you. To be treated as financially dependent for this application, you must have a legal responsibility to provide for them financially. Discovery Health (Pty) Ltd might ask you to provide proof of financial or legal responsibility.

You will be called the principal member or main member in our future communications to you.

7.3 Acting for others

You confirm you have the right to act for others

By signing this document, you confirm that:

- you have the right to apply for membership and to act for those you apply for in any matter relating to this application.
- you have received permission from your spouse and any dependants over 18 to act for them in any matter relating to this application.

7.4 Giving information

You must give true, correct and complete information

To consider your application for membership, LA Health Medical Scheme must learn more about you and those you apply for.

Information about you and those you apply for must be true, correct and complete.

This includes the details you give in this application form and in future dealings with Discovery Health (Pty) Ltd. It is important that you tell Discovery Health (Pty) Ltd about any medical condition, symptom or illness relating to you or those you apply for, even if you do not consider it relevant to your application.

Discovery Health (Pty) Ltd may ask those you apply for who are 18 and older for information and it will be treated as if Discovery Health (Pty) Ltd had asked you in your role as main member.

Your legal address

We will send documents to you at the address you indicated as the communication channel you prefer to be contacted on. If it is necessary to send you any legal notices or summonses, our legal team will serve these at the physical address you have given, or at any other address you have given us. It is your responsibility to make sure we have the correct address for you.

Discovery Health (Pty) Ltd may get information from other relevant sources

To consider an application for membership or a claim for medical expenses, you agree that Discovery Health (Pty) Ltd and LA Health Medical Scheme can get information about you and those you apply for from other relevant sources, including any entity that is part of Discovery Holdings Limited, health professionals, financial advisers, credit bureaus or industry regulatory bodies. Discovery Health (Pty) Ltd and LA Health Medical Scheme may verify on an ongoing basis, with the parties mentioned in this section, that the information you give on this application is true, correct and complete as long as your membership of LA Health Medical Scheme is active. I give my permission that LA Health Medical Scheme may get any information that is relevant to my application from my employer. This permission ends on the day that my cover with LA Health Medical Scheme starts.

Tell Discovery Health (Pty) Ltd about changes right away

If any of the information you gave to Discovery Health (Pty) Ltd changes between the day you sign this document and the day your membership starts, you must tell Discovery Health (Pty) Ltd in writing what the changes are. This includes information about your health and the health of those you apply for.

When the LA Health Medical Scheme may cancel

LA Health Medical Scheme may cancel any memberships immediately and keep any contributions paid, if you and those you apply for:

- do not give Discovery Health (Pty) Ltd information that later turns out to be relevant to this application.
- give Discovery Health (Pty) Ltd any information that is not true, correct and complete.
- do not tell Discovery Health (Pty) Ltd about any relevant changes (including about your health and the health of those you apply for) between the day you sign this document and the day cover starts.

